

HARVARD SOUTH SHORE  
PSYCHIATRY RESIDENCY TRAINING PROGRAM

Preceptor Evaluation of Trainee

Feedback is essential if our trainees are to improve their clinical skills. Please complete one of these forms from each psychiatric trainee who rotated through your service. Please be as explicit as possible in your answers. These evaluations will be available for review by both the trainees and the committee, which certifies the trainee's clinical competence for the American Board of Psychiatry and Neurology.

Please rank skills as follows: 1 = unsatisfactory; 2 = marginal; 3 = satisfactory  
4 = good; 5 = outstanding; N.O. = not observed.

Name of Trainee: Rajendra D. Badgaiyan, M.D.

PGY: III

Service: Psychiatry

From: 05/01/02 To: 06/30/02

In-patient:        Ambulatory Care:        Name of Clinic: Electroconvulsive Therapy

Performance:

History taking:	<u>4</u>	Thoroughness of follow-up:	<u>4</u>
Physical Exam:	<u>4</u>	Use of Lab. + Other Dx Tests:	<u>NO</u>
Mental status Exam:	<u>4</u>	Doctor/Patient relations:	<u>3</u>
Problem formulation:	<u>3</u>	Relations with family:	<u>NO</u>
Record keeping:	<u>4</u>	Relationship with peers:	<u>4</u>
Initial plans:	<u>4</u>	Relationship with other staff:	<u>4</u>

Capabilities:

Knowledge:	<u>4</u>	Efficiency:	<u>3</u>
Attitude:	<u>4</u>	Teaching Ability:	<u>3</u>
Rate of learning and ability to learn:		<u>4</u>	

Additional comments, either specifically related to the item listed above, or generally:

Dr. Badgaiyan's performance during his ECT rotation is high satisfactory.  
He is knowledgeable and knows the indication, side effects of ECT and has attended the ECT session regularly.

Signed: Sidney Chang MD 7/1/02

Please print name: Sidney Chang, M.D.

Please return to Grace Mushruch, M.D. Asst. Chief of Psychiatry for Education and Residency training  
525B: 116A3.

04/22/05 ST 1360

*gm*  
8/1/02

BRM0138

MailMan message for FESTIN, FE ERLITA D MD STAFF PSYCHIATRIST  
Printed at BOSTON.MED.VA.GOV 01 Oct 02 12:01  
Subj: DR.BADGAIYAN [#43635932] 01 Oct 02 10:45 9 lines  
From: CRANFORD, LAURA-LEE A In 'IN' basket. Page 1

*During period of  
remediation*

DR.MUSHRUSH,

JUST WANTED TO LET YOU KNOW THAT DURING THIS RECENT ROTATION  
DR.BADGAIYAN'S PERFORMANCE WAS MUCH IMPROVED. BOTH IN REGARDS TO PT. TX  
PLANNING AND CARE AS WELL AS HIS INTERACTIONS WITH NSG STAFF. THESE LAST  
TWO WEEKS DR.ALEXANDER HAS BEEN ON LEAVE AND DR.BADGAIYAN IN HIS ROLE AS  
CHIEF RESIDENT HAS ESSENTIALLY FUNCTIONED AS AN ATTENDING AND DID VERY  
WELL. HE TRULY HAS WORKED VERY HARD.

LAURIE CRANFORD NS MANAGER 23C

04/22/05 ST

137

BRM0139

**HARVARD SOUTH SHORE  
PSYCHIATRY RESIDENCY TRAINING PROGRAM**

**PRECEPTOR EVALUATION OF TRAINEE**

Feedback is essential if our trainees are to improve their clinical skills. Please complete one of these forms for each psychiatric trainee who rotated through your service. Please be as explicit as possible in your answers. These evaluations will be available for review by both the trainees and the committee which certifies the trainees' clinical competence for the American Board of Psychiatry and Neurology.

Please rank skills as follows: 1 = unsatisfactory; 2 = marginal; 3 = satisfactory; 4 = good; 5 = outstanding;  
N.O. = not observed.

Name of Trainee Dr. Fajerdn Badgarian PGY III

Service \_\_\_\_\_ From March To April

In-patient? \_\_\_\_\_ Ambulatory Care? \_\_\_\_\_ Name of Clinic triage

**PERFORMANCE**

History taking	<u>5</u>	Thoroughness of follow-up	<u>5</u>
Physical exam	<u>N.O.</u>	Use of lab + other dx. tests	<u>N.O.</u>
Mental status exam	<u>4</u>	Doctor/patient relations	<u>4</u>
Problem formulation	<u>5</u>	Relations with families	<u>N.O.</u>
Record keeping	<u>5</u>	Relations with peers	<u>5</u>
Initial plans	<u>5</u>	Relations with other staff	<u>4</u>

**CAPABILITIES**

Knowledge	<u>4</u>	Efficiency	<u>5</u>
Attitude	<u>5</u>	Teaching ability	<u>5</u>
Rate of learning and ability to learn <u>5</u>			

Additional comments, either specifically related to the items listed above, or generally:

Dr. Badgarian was very helpful in his triage rotation. He was very Thorough in his evaluations and was clinically insightful about the patients we saw together.

Signed James Levitt, M.D.

Please print name James Levitt, M.D.

Please return to Grace J. Mushrush, M.D., Assistant Chief of Psychiatry for Education and Director of Psychiatric Residency Training at Brockton VA Medical Center (116A7).

BRM0140

Just test  
Passing is over 2.5

## RESIDENTS ORAL EXAMINATION EVALUATION FORM

Resident: Radganyan, Raj Rater: H. Muskrumel Date: 6/19/01

(Scoring system: 5=outstanding; 4=good; 3=satisfactory; 2=marginal; 1=unacceptable)

I. Interview: 2.5

A. Ability to establish rapport with patient: has a style & patients which

is a little shyly warm but also a little rigid in approach

B. History taking 2

not so complete - no military history, educ. h.

C. Mental status examination: 3.0

II. Presentation of case: 2.0

III. Differential diagnosis: 3.0

IV. Summary and Biopsychosocial Formulation: 3.0

V. Work-up: 2.0

VI. Treatment: 2.5

VII. Other Issues: \_\_\_\_\_

Patient complained DoB didn't listen to him

Exam discussed with resident? Yes ☒ No ☐

Signed: H. Muskrumel

## RESIDENT'S ORAL EXAMINATION EVALUATION FORM

Resident: Rajinder Singh Rater: Dr. Denton MD Date: 6/19/01

(Scoring system: 5=outstanding; 4=good; 3=satisfactory; 2=marginal, 1=unacceptable)

I. Interview: 2.2

A. Ability to establish rapport with patient: 2.5 Could improve by showing more interest & connection with the patient.

B. History taking 2

Failed to ask questions re: mood & unable to establish a mood syndrome or psychosis whether related to ETOH use or not. Would have pursued psychosocial issues.

C. Mental status examination: 2

II. Presentation of case: 3

III. Differential diagnosis: 3

IV. Summary and Biopsychosocial Formulation: 3

V. Work-up: 2

Had to be coaxed several times re: working.

VI. Treatment: 3

VII. Other Issues: \_\_\_\_\_

Exam discussed with resident? Yes / No \_\_\_\_\_

Signed: Dr. Denton MD

## RESIDENTS ORAL EXAMINATION EVALUATION FORM

Resident: Badgairyan Rater: Alexander Date: 6/19/01

(Scoring system: 5=outstanding, 4=good, 3=satisfactory, 2=marginal, 1=unacceptable)

I. Interview: 2.4  
 A. Ability to establish rapport with patient: 3  
 (generous)  
 B. History taking 2.5  
 sympathetic

C. Mental status examination: 2.5

II. Presentation of case: 2

III. Differential diagnosis: 2

IV. Summary and Biopsychosocial Formulation: 2.1

V. Work-up: WHA (trine) <sup>2</sup> 3 memo extra

VI. Treatment: 2.5

VII. Other Issues: Dr. Patient - "you were so busy thinking of your next question. you did not listen to me"

VIII. Fund of Technical Knowledge 5

Exam discussed with resident? Yes ☒ No ☐ Signed: Robertson

04/22/05 31

141

P 757  
Koenig  
Cubert

[Koenig report  
and page cut  
5/2  
4  
and  
Ligin

Busch  
✓ more notes

impulse D.

Baron

Substantive

SA Affair

Don't let  
disputing  
hollow

Sigman

11/11/04  
11/11/04

Abuse

? Feat. d...  
Sax about 11/11/04

Lower  
and d...  
S...  
Exact sales volume.

Exact sales volume.

Sales

SA  
Schubert  
BP  
7/1/04  
Engle 1003  
7/1/04

[Don't D]  
CA 19

Substantive  
No decision made  
in review

**Mushrush, Grace J.***Incident 2/3/02*

From: Gurrera, Ronald  
 Sent: Monday, April 01, 2002 7:35 PM  
 To: Mushrush, Grace J.; Festin, Fe Erlita; Swett, Chester P.  
 Cc: Gurrera, Ronald  
 Subject: Badgaiyan meeting

04/22/05:31

Grace,

Per our discussion, I am summarizing my observations from the meeting today on 23C, at which Dr. Badgaiyan, Laurie Cranford, Kathleen Tavlanien, you and Fe were present.

142

- Dr. Badgaiyan was the POD who admitted patient N4203 on 2/3/02. Although initially Dr. Badgaiyan reports the patient was not severely agitated, he rapidly became so, eventually breaking leather restraints and disassembling the ward door and eloping within a 6-hour period.
- Based on the patient's own report of an "allergy" to haloperidol and another antipsychotic, Dr. Badgaiyan determined that the use of all typical antipsychotic medications should be avoided, even though his own notes indicate that the "allergy" was most likely an acute dystonic reaction.
- As the patient became more agitated, he prescribed oral olanzapine and lorazepam, despite multiple requests from nursing to consider more potent, parenteral agents. (His intense agitation is corroborated by a CPK of >1000 and extensive soft tissue injuries caused by his restraints.)
- At approximately 9 pm, with the third dose of olanzapine 10 mg, Dr. Badgaiyan also prescribed trazodone 200 mg. He explained that this was for "sedation". His own notes indicate that his working diagnosis was bipolar disorder, and the patient was unquestionably manic. When asked about the potential effect of trazodone on a manic patient, he appeared unaware of its potential to exacerbate a manic state.
- Throughout the discussion he repeatedly cited his concern about the potential for "cross-sensitivity" between all classes of typical antipsychotic agents as the justification for avoiding agents known to be effective in behavioral emergencies. However, upon persistent questioning it was apparent that he did not understand the distinction between sharing a pharmacologic mechanism of action, and immunologic cross-sensitivity.
- Although he spontaneously described this patient as the most difficult he has ever encountered, and perhaps the most difficult the ward has ever encountered, he at no point attempted to contact his staff back-up for a consultation. In general, his actions on that day, and his demeanor today, failed to demonstrate the level of concern that this very dangerous, potentially disastrous, situation demanded. (In particular, this patient dismantled the ward door, permitting himself and another patient to elope.)
- Throughout the meeting today he defended his actions vigorously, insisting that his management of the patient was exemplary and challenging others to tell him what should have been done differently, even as we did so.

Department of  
Veterans Affairs

## Memorandum

Date: April 3, 2002

From: Laurie Cranford, RMC

Subj: Letter of Complaint

To: Dr. Grace Mushrush, Director of Residency Program

Copy

Letter of Complaint  
March 27/02

On Sunday, Feb. 3, 2002 Mr. David Nelson was admitted to unit 23C. Although not initially evident on admission, Mr. Nelson was in a severe manic state. Within a couple of hours after arrival to the unit, this mania manifested itself. He became loud and threatening. He dismantled the locked double doors and escaped from the unit. The patient was returned by the police however, he continued to be resistive, threatening, and non-compliant. The patient has to be placed into restraints for the protection of self and others. Initially the patient broke the leather restraints. After being re-restrained he managed to break free of the restraints on 2 or 3 occasions.

During this time period, Dr. Badgaiyan, POD ordered PO medication (Olanzapine and Trazadone), as that was all the patient would agree to take. Patient also stated he had allergies to many neuroleptics. There is no clear documentation of this fact. None of the medications given had any effect on the patient in regards to relieving his severe agitation and mania. The charge nurse suggested to Dr. Badgaiyan other IM medication, which could be tried but met with refusal.

As a result of this prolonged period in which the patient remained manic and agitated and fighting against the restraints, he suffered friction burns, and blistering of both wrists. Patient also complained of neck and shoulder pain.

The nursing staff on the unit raised the issue that they felt this patient had been mismanaged and subsequently felt it to be abusive. Staff also felt that not only was the patient's safety compromised but that the safety of the staff and other patients were also jeopardized by lack of proper medical support, in their opinion.

Another patient also eloped when the doors were broken; fortunately he was found and returned safely to the unit by the VA Police.

As a result of these concerns this writer sent a report of contact to Dr. Gurrera, Chief of Inpatient Psychiatry, detailing said concerns. Per Dr. Gurrera's suggestion a meeting was arranged. Those in attendance were Dr. Gurrera, Dr. Mushrush, Director of Residency Program, Dr. Festin, Assistant Director of Residency Program and the patient's Attending Physician, Karen Bassett, Clinical Coordinator of Mental Health, Katie Terevainen, RN and Charge Nurse on duty that evening, and the undersigned. It is the opinion of this writer that Dr. Badgaiyan was unable or unwilling to understand that his management of the patient was in anyway inadequate and endangered the patient, the patient population, and the staff's safety.

*Laurie Cranford* RNC  
Laurie Cranford, RNC

CC: Dr. Ron Gurrera, Chief Inpatient Psychiatry

5/8/02

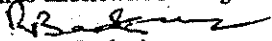
Dr. Badgaiyan  
 Refuted tel. message  
 2/3/02

Dear Dr Mushrush,

Thank you for forwarding me a copy of the letter sent by Laurie Crawford, RNC about a patient Mr David Nelson. I am surprised by her lack of understanding, that the breach of security caused by Mr Nelson's behavior was a direct result of nursing failure. Specifically, she failed to understand:

1. why the agitation and mania of the patient was not recognized, and POD was not informed by the nursing staff about his agitation until he broke the door. The patient was sent to the unit in a stable condition, and as a POD, I received the first call about this patient about 10 minutes after he broke the door, and he and another patient eloped from the unit. This breach of security was clearly a result of the failure of nursing staff to recognize agitation and informing the POD promptly.
2. why the POD was not informed about his agitation a second time, after the VA police brought him back to the unit and he was stabilized. I left the unit after he was stable (though on restraints) to meet with his family who were waiting to talk to me in building 3. I was not informed when the patient became agitated and I knew of his decompensation only when code green was called. She mentioned in her letter that the patient broke his restraints 2-3 times, and suffered friction burns and blisters, I do not understand why was I not informed about it and why it was not recorded by the nursing staff?
3. why the POD was again not informed when the patient decompensated, as alleged, after stabilizing a second time. On the contrary, when I called the unit around midnight, I was told that he is stable and sleeping.
4. why the nursing staff did not call the patients's provider on the next working day to confirm whether he is allergic to multiple typical neuroleptic agents, even though I had recommended this call and had provided telephone number of his psychiatrist in TN.

If answers to these questions are not sought and the head nurse of this acute psychiatric unit continues to fail to understand nursing failures, I am sure, we are waiting for a even a bigger catastrophe.

  
 Rajendra Badgaiyan

04/22/05 ST  
 1440

Mailman message for MUSHRUSH, GRACE J MD PSYCHIATRIST  
 Printed at BOSTON.MED.VA.GOV 10 Jul 01 14:51  
 Subj: Your performance [#34729795] 06 Jul 01 14:54 15 lines  
 From: MUSHRUSH, GRACE J MD 2 of 2 responses read. In 'IN' basket. Page 1

Dear Raj,  
 What course are you teaching at MGH? Who gave you permission to be off the premises?

You failed your McLean Rotation and your oral exam.

Your behavior does not endear you to any of the faculty. How do you expect people to respond favorably to you when you announce upon arrival at each rotation that you don't care about clinical psychiatry and that you don't want to be on the rotation in the first place.

I have discussed your performance or lack thereof with the residency training committee and you are hereby placed on probation as you have not heeded our previous warnings about reshaping your behavior your attendance, and your performance.

1) Rajendra Badgaiyan <rajendra@wjh.harvard.edu> Mon, 9 Jul 2001 16:05:33 -0400  
 70 lines

Subj: Re: Your performance

Dear Dr Mushrush,

I do not want to be paranoid, but I do think that I am being unfairly targetted because of my academic activities. You mention that I failed McLean rotation, even though Dr Villa who observed my work at McLean for full month (taking independent care of dozens of patients) gave me an excellent evaluation. You believe one evaluation by someone who was one of 6 attendings in the CRC and who observed my evaluation of only 3 patients (incidentally, in one case, we had different opinion about the plan and my plan was upheld by the insurance). You have also ignored the fact that in the last 2 years I was evaluated by about 20 attendings and almost all of them gave me a very good evaluation.

May be it is a coincidence, but in the oral examination, I was the only one who was given 15 min instead of 25 to conclude the interview (possibly because of a mistake) and was not given even a minute to organize myself before presenting the case. I am sure, you know, such events are unsettling for a candidate in the examination. On the top of it, I am not sure, if any body else in the oral examination got such a psychotic patient with a lot of circumstantiality and multiple psychiatric problems to evaluate and reach to a definite diagnosis in such a short time. I do not know where I wasted time in the interview, mainly because no faculty as ever conducted a de novo evaluation in limited time to teach us how to conduct an interview in such a restrictive situation.

As for my academic activities goes, first, I do not take classes at MGH and secondly, before I joined the program, I had made it clear that I will continue my academic activities during the training. I have been doing it by ensuring minimal disruption of clinical responsibilities - by going an extra mile. Dr Festin and Dr Chang know that when I had to go to Boston during the day, I always made sure not to neglect my clinical responsibilities and used to drive between Boston and Brockton 4 times a day, (spending 4-6 hours on the road) and used to stay until 9 pm. Also, to compensate, I never took a day off or called in sick in the last 2 years

Subj: Your performance [#34729795] Page 2

-----  
 - today is the first time I am calling sick, even though I have been mentally and physically unwell on a number of occasions in the past.

I was assured at the time of joining the program and later that I will be asked to do only 'minimum clinical rotations' required for board certification and a few weeks ago you had mentioned that I have to do only CL and emergency psych rotations. When you put me on other rotations, I was surprised but decided to respect your decision. If an attending is not willing to adjust supervision schedule to let me continue my work, I should be the one to complain. In any case, I have difference of opinion with Dr Osseur and I think his approach does not pass scientific scrutiny. I have discussed this issue in didactics and am willing to discuss in any other forum. I do not feel comfortable accepting a concept that I do not think is scientifically appropriate. If I accept this, not only will I not gain anything out of his supervision but will unlearn what I have learned about scientific inquiry in the past several years.

I also do not agree with you that my behavior is not endear to "any of the faculty". There are faculty who admire me and think that I am one of the best.

I do not mean to say that I am doing great and there is no room for improvement. I always strive to get better. Under the circumstances, however, I do not think I am doing too bad.

If you are interested in discussing these issues, I will be happy to talk to you when you have time.

Regards.

Raj

PS: I am sick today and have requested sick leave for today (monday) and tomorrow.

2) MUSHRUSH, GRACE J MD 10 Jul 01 14:41 29 lines

Raj, there are a tremendous number of distortions in what you said above. I never promised that you would only take C/L and emergency psychiatry; you are in the full program for PGY III, however, you still have some months of work from PGY II to make up. The full training is 48 months even if you finish the core requirements in less time.

It is interesting that when you have a female attending or preceptor that you get the worst evaluations. Is there something in the way you relate to female attendings that causes them to see you less favorably? This was clearly the case on W.Rox. med. and also on CEC at McLean. Also you seem to ignore what I tell you about the requirements. You somehow think that you should just be pushed through without your making a commitment to clinical training. You should not be trying to do a complete research agenda as well as a clinical one. Other residents who have been interested in both research and clinical, have done the residency on a part time basis but have extended it over more years, e.g. 6 years to make sure that one is well grounded clinically.

Subj: Your performance [#34729795] Page 3

-----  
It seems to me that as a potential psychiatrist you should know not to  
walk into a rotation and tell the preceptor that you don't want to be there  
or have no interest in clinical issues! If your goal is to establish  
minimum expectations on the part of the preceptor, that doesn't work in  
your favor.!

Also, the ACGME core requirements are not the complete ACGME requirements.  
I have told you several times that you will not get credit for training  
until you have completed all the ACGME requirements. No matter how much  
you try to persuade me otherwise, I do not have the authority to give you  
credit for work you have not done.

04/22/05 SP

147

**Mushrush, Grace J.**

**From:** Gurrera, Ronald  
**Sent:** Monday, March 04, 2002 2:58 PM  
**To:** Mushrush, Grace J.  
**Cc:** McCarley, Robert W.; Swett, Chester P.  
**Subject:** psychiatry resident issues

Grace,

I'm following up on our discussion earlier today. As I told you then, I was called at 4:30 this morning by the WX MOD who complained that Dr. Badgaiyan had been refusing to accept a patient from the WX ER until a series of demands were met. This was a female patient followed at the JP residential program, who presented with suicidal ideation. Dr. Badgaiyan insisted that the results of all lab work be known before he would accept the patient, despite the MOD's assessment that the patient was medically stable for transfer. In particular, what the MOD complained about is that he would not accept her verbal report of a negative serum toxic screen, but insisted that she fax the report to him (the computer at WX was down, so he could not directly view the results). After she had complied, she stated "he called back to yell at me because he also wanted a urine tox screen". When I called Dr. Badgaiyan, he was (not surprisingly) unable to explain his clinical rationale for demanding a urine toxic screen after the results of the serum screen were known. He then spontaneously reported that he had already instructed the AOD to accept the patient. I suspected that this was not accurate, and when I called the AOD she confirmed that he had only instructed her to accept the patient AFTER speaking with me on the telephone. During my discussion with Dr. Badgaiyan he also claimed he was unaware of my previous admonitions to residents about the need to cooperate with VA MODs, especially those in the Boston system. This was surprising to me, as I have made my views very clear on several lengthy e-mails that were distributed to all residents.

Unfortunately, this incident does not appear to represent an isolated lapse of judgment. As I write I am arranging a meeting with nursing staff on 23C concerning a recent incident in which it is alleged that Dr. Badgaiyan failed to respond in a timely manner to the need for emergent medication, and refused to consider nurses' advice re: the need for medication. Ultimately, he chose to use olanzapine p.o. in this emergent situation (this patient subsequently broke his 4-point restraints and broke through BOTH seclusion area doors). I am told the patient remained in restraints for several days, and suffered injuries related to excessive agitation while in restraints. I should point out that I have not yet heard Dr. Badgaiyan's side of the story, but the facts presented so far indicate the situation was not handled appropriately.

Per your request, I have cc'd this to Dr. McCarley.

HARVARD SOUTH SHORE PSYCHIATRY RESIDENCY TRAINING PROGRAM  
COMMITTEE ON PROMOTIONS  
Thursday, April 26, 2002

Attendance: Dr. Grace Mushrush, Tr. Director; Dr. Fe Festin, Assoc. Tr. Director; Dr. Chester Swett, Chief of Psychiatry; Dr. Ronald Gurrera, Assistant Chief of Psychiatry for Clinical Programs; Drs. James Levitt and David Osser, Faculty

The Harvard South Shore Psychiatry Residency Committee on Promotions met on Thursday, April 26, 2002 and approved the promotions of all the PGY-III and PGY-IV residents with the exception of Rajendra Badgaiyan, M.D.

In summary, Dr. Badgaiyan's participation in the residency has been minimal, and his evaluation file contains many complaints from attendings and nurses concerning his poor attitude when staff members try to engage him in cooperative team work.

To enumerate a number of these incidents:

1. He was asked to leave the medical service at W. Roxbury because he refused to take direction from his female attending and resident.
2. He failed the rotation on the Clinical Evaluation Unit at McLean and the training director received a phone call from the director of the Unit who said that Dr. Badgaiyan was the most difficult resident with whom they had ever tried to work and that he was often not even there. They seriously raised the question as to whether he should be allowed to continue in training. (This was the composite evaluation but was submitted by Dr. Sara Bolton.)
3. When assigned to Brockton In-Patient Psychiatry, he informed Dr. Chang that he was there strictly as an observer and that he would not take responsibility for working with any patients. He also did not meet expectations on Dr. Alexander's service. He has satisfied only 7 months of his 9-month requirement for In-Patient Psychiatry.
4. He did not pass his PGY-II oral examination, and after our receiving complaints about his lack of commitment and cooperation from the attendings on nearly every rotation that he started, he was placed on probation. The training director met with him and explained that in order to be removed from probation, he needed to improve his attitude and to take the oral exam over. She even offered to go over cases with him to help him prepare for a repeat oral exam. He refused to redo the exam, saying that the preceptors were prejudiced against him because they were jealous of his research work and that they would never pass him. Finally, Dr. Swett ordered him to take the retest, and he did pass (nearly one year after he was placed on probation).
5. He refuses to attend the preceptor sessions in evening clinic because the preceptor "offended him" by saying that he should attend evening clinic and that he should see the patients who are assigned to him.
6. He has not taken seriously the recommendations of the nurses on the ward when he is POD. Most recently this resulted in a manic patient inadequately sedated, breaking out of restraints, taking

the door off the locked unit, and escaping and allowing another patient to escape. Despite his admission that this was the most difficult patient whom he ever treated, he did not even consult his attending back-up, and when confronted about his mismanagement of the patient, he arrogantly defended his approach.

The Promotions Committee was concerned about the extent of Dr. Badgaiyan's willingness to distort and to project blame for his inadequacies. While the Committee could not demand that Dr. Badgaiyan obtain some psychotherapy, it certainly would recommend it.

Finally, it was the recommendation of the Committee that Dr. Badgaiyan not be promoted in October 2002 and that he be required to do three additional months of training with reconsideration of his promotion to PGY-IV for December 31, 2002.

*David J. Muchenst, MD*  
*4/26/02*

04/22/05 SK 150

Second text

RESIDENT'S ORAL EXAMINATION EVALUATION FORM

Resident: Dr. Bagaria Rater: Dr. Swett Date: 5/3/02

(Scoring system: 5 = outstanding, 4 = good, 3 = satisfactory, 2 = marginal, 1 = unacceptable)

- I. Interview: 3.67
- A. Ability to establish rapport with patient: 3
- B. History taking: 4
- C. Mental status examination: 4
- II. Presentation of case: 3
- III. Differential diagnosis: 4
- IV. Summary and Biopsychosocial Formulation: 3
- V. Work-up: 3
- VI. Treatment: 3
- VII. Other Issues: —

Exam discussed with resident? Yes ☒ No ☐

Signed: Cheryl R. Swett MD  
5/3/02

04/22/05 ST  
151

RESIDENT'S ORAL EXAMINATION EVALUATION FORM

Resident: Rajendra Lodgariyan Rater: Dr. J. J. J. J. Date: 5/3/02

(Scoring system: 5 = outstanding, 4 = good, 3 = satisfactory, 2 = marginal, 1 = unacceptable)

- I. Interview: 3.66
- A. Ability to establish rapport with patient: 4
- B. History taking: 3 - left out precipitants / triggers for depression
- C. Mental status examination: 4
- II. Presentation of case: 3 - not very organized
- III. Differential diagnosis: 4
- IV. Summary and Biopsychosocial Formulation: 3 - had ~~too~~ data
- V. Work-up: 4
- VI. Treatment: 3.5
- VII. Other Issues: \_\_\_\_\_

Exam discussed with resident? Yes ☒ No ☐

Signed: \_\_\_\_\_

Dr. J. J. J. J.

11:55 pm

1978 - diagnosed

1980 - Bipolar

- working in P. Office
- taking meds on a off since

WANA - chest pain

ST 10 yrs

SA 3 yrs ago by OP + 8 more times → ?

not sleeping

depressed 2 weeks → Triggers(?)

Family Hx:

- 2 brothers - bipolar
- Sister - bipolar

Sonnet Hx: Fall 1980

HS i Summer

Post office - till 1980

quit + moved to CA

single ; relationship 2 yrs.

Substance(?)  
about

Triggers for depression(?)

Why does he  
want to die(?)

Present Hx:

- Washed CA 7
- Atenolol
- Isosorbide

Prozac

Regulate → ? Conor.

toxic ? not working  
lithium didn't take  
side-effects

Poor Abstraction

3 11 34  
9  
20  
1820

# The Harvard South Shore Psychiatry Residency Training Program

Harvard Medical School



Department of Psychiatry

Grace J. Mushrush, M.D.  
Director

Fe Erlita Festin, M.D.  
Associate Director

May 28, 2002

Rajendra Badgaiyan, M.D.  
VAMC-Brockton  
940 Belmont Street  
Brockton, MA 02301

Dear Dr. Badgaiyan:

This is to inform you that during the Harvard South Shore Psychiatry Residency Training Program, Committee on Promotions Meeting held April 26, 2002 your training experience and performance were reviewed.

It was noted that there were numerous complaints from staff members concerning the poor attitude and lack of cooperation which you exhibited when they tried to engage you in cooperative team work: West Roxbury Medicine, REACH, McLean CEC, In-patient psychiatry with Dr. Chang and Dr. Alexander, C/L, evening clinic and with nursing staff. You have exhibited a lack of understanding of your own limitations and have not requested attending in-put when it would have been appropriate; you are often dismissive of attending in-put and you seem to have an inability to work collaboratively with women: attendings, senior residents and nursing staff.

It was the recommendation of the Committee on Promotions that you not be promoted in October, 2002 and that your promotion to PGY IV be reconsidered after an additional period of training to extend through December, 2002.

It is our further recommendation that the training time between July and December, 2002 be spent as follows: July-Sept. - Brockton In-Patient Psychiatry; October - McLean CEC; Nov.-Dec. - C/L West Roxbury. The Committee on Promotions would meet in early December to evaluate your performance during these rotations.

Sincerely yours,

*Grace J. Mushrush, M.D.*  
Grace J. Mushrush, M.D.

Director of Residency Training

I have read and received a copy of this letter:

Signed: *R. Badgaiyan*

Date: *5/30/02*

**RESIDENT'S ORAL EXAMINATION EVALUATION FORM**

Resident: Budgayan Rater: Mushash Date: 5/3/02

(Scoring system: 5 = outstanding, 4 = good, 3 = satisfactory, 2 = marginal, 1 = unacceptable)

I. Interview: 3.75

(3.75)

A. Ability to establish rapport with patient: 3

B. History taking: 4

C. Mental status examination: 4

II. Presentation of case: 3

III. Differential diagnosis: 4

IV. Summary and Biopsychosocial Formulation: 3.0

V. Work-up: 3

VI. Treatment: 3

VII. Other Issues: \_\_\_\_\_

Exam discussed with resident? Yes ☒ No ☐

Signed: Grace Mushash MD

04/22/05 ST  
154

**Mushrush, Grace J.**

---

**From:** McCarley, Robert W.  
**Sent:** Monday, July 08, 2002 5:15 PM  
**To:** Mushrush, Grace J.  
**Subject:** FW: Residency

fyi...

**From:** Robert W. McCarley[SMTP:robert\_mccarley@hms.harvard.edu]  
**Sent:** Monday, July 08, 2002 3:10 PM  
**To:** Rajendra Badgalyan  
**Cc:** MUSHRUSH\_MD.GRACE\_J+@BOSTON.VA.GOV; Chester Swett; Margaret Klausner; Robert McCarley  
**Subject:** Residency

Raj,

After consultation with Drs. Swett and Mushrush, I have decided that you will be asked to complete the following program:

1. Two months inpt, ending Aug 31, 02.
2. Four months of outpt with Dr Levitt, ending Dec 31, 02, and develop a webpage in collaboration with Dr. Mushrush.
3. Share your super cognitive neuroscience knowledge with the other residents, in the format of a lecture(s).

Raj, the bottom line on your inpatient work was that there were some problems and that further training was necessary.

Re the Dupont-Warren fellowship. This is flexible in terms of how long it runs for and the rate you want the money distributed. Stuart Hauser and I as co-chairs of the Research Committee would be very happy to consider any arrangement you would want.

With best wishes,  
Bob McCarley

Robert W. McCarley, M.D.  
Professor and Chair, Harvard Dept. of Psychiatry,  
Deputy Chief of Staff/Mental Health Services  
VA Boston Healthcare System  
Co-Chair, Harvard Psychiatry Executive Committee  
940 Belmont St  
Brockton, Ma 02301

Phone: 508 583-4500x3723  
Fax: 508 586 0894  
robert\_mccarley@hms.harvard.edu

# The Harvard South Shore Psychiatry Residency Training Program

Harvard Medical School



Department of Psychiatry

Grace J. Mushrush, M.D.  
Director

Fe-Erlita Festin, M.D.  
Associate Director

October 2, 2002

Rajendra Badgaiyan, M.D.  
Psychiatry Service (116A7)  
VA Medical Center  
Brockton, MA 02301

COPY

Dear Dr. Badgaiyan:

The Promotions Committee met on October 1, 2002 to review your performance between May 1 and September 30, 2002. The Committee members present were: Drs. C. Swett, R. Gurrera, G. Mushrush, F. Festin, A. Dantzler and J. Levitt. Dr. Osser was absent.

It was the decision of the Committee that you would receive one month's credit for your interrupted time on 2-3-C. This will complete your inpatient requirement.

It was the Committee's decision that your assignment from October 1 - December 31, 2002 will be to spend one day per week (Tuesday usually) working in Triage from 8 AM - 4:30 PM. You will serve as Triage Officer in the AM and will assist Dr. Levitt in the afternoon, during which time you will be expected to perform complete admission work-ups on patients admitted between 12:30 PM and 4:00 PM.

~~As you have exhausted your annual leave, and current accumulated sick leave, anytime you are absent or late will be added to the end of your rotation, and will delay your promotion to the PGY-IV level beyond the anticipated date of January 1, 2003.~~

In addition to the above Triage assignment, you will be expected to give one grand rounds lecture on your research topic and, in conjunction with Dr. Mushrush, design a residency website.

If you have any questions, please contact me at x 2457.

Yours truly,

*Grace J. Mushrush, M.D.*

GRACE J. MUSHRUSH, M.D.  
Asst. Chief of Psychiatry for Education  
and Director, Residency Training

I have read and received a copy of this letter:

Signed:

*RB Adams*

Date

*10/2/02*

**COMPLIANCE BRIEFING.....Linda Hanna-Casey MPH, Compliance Office**

In our last month's article in the VABHS Times we announced there was GREAT TRAINING NEWS which offered Web-based coding and compliance training to a wide audience including coders, billers and physicians. The WebInservice Coding Training website is NOW ACTIVE!

There are 19 courses with about 400 training modules covering ICD-9-CM coding basics, ICD-9-CM coding for physicians, Intermediate coding, Advanced Coding, HCPCS/CPT coding and HCPCS/CPT coding for physicians.

Check with your Facility or VISN Administrator to obtain your Learner ID to begin training.

To access the training system, log on to website: <http://www.educode.com/VAEES>

Here are a few informational items we thought you'd like to know:

- There is no cost to the facility, VISN or individual (national project funded by EES)
- Training is internet based and is available 24 hours a day/7 days a week
- Required- Internet Connection- audio and graphics capability desired
- WebInservice Coding Training is available to any VA employee who wishes to participate. there is no limit the number of VA employees who can engage in this training
- Training *during duty hours* is at the discretion of each Facility and VISN
- There are over 19 courses with over 400 lessons
- Lessons are generally 15-20 minutes in duration, a few may take 1 hour
- Self-enrollment is an option
- Desk references are not provided by VACO HIM or EES
- Minimum references needed to complete courses are:
  - Current (2002) ICD-9-CM book
  - Current CPT book
  - Current HCPCS book
- Other desk references- optional, but helpful
  - Medical Dictionary
  - Anatomy and Physiology Textbook

**Spotlight on....**

On April 18, 2002 Linda Sivieri, LPN on ward 2-2-B at the Brockton Campus appeared on the TV show Who Wants to be a Millionaire. Linda had a great time on the show, making it into the "hot seat" and winning an impressive \$16,000. Congratulations Linda!

At the Harvard Psychiatry Research Day, April 3, 2002 the Solomon Award, given to a Psychiatry Resident went to Rajendra Badgaiyan, M.D. of the VA BHS/Harvard South Shore program, for his study, "Cognition without awareness: A neuroimaging study." The Mysell Award, given to a Post-Doctoral Fellow went to Kevin Spencer, Ph.D. a fellow in the VA BHS Clinical Neuroscience Laboratory, for his study, "Attentional Orienting in Schizophrenia: Experiment and Simulation". Dr. Spencer shared the award with Eve Valera, Ph.D., who did her psychology internship in the Jamaica Plain Psychology Program. Both are fellow in the Harvard Clinical Research Training Program.

On March 21, 2002, a "PDT" laser procedure was performed for the first time at this facility. This procedure was done by our retina team lead by Dr. Edward Feinberg. This caused an immediate cost savings of \$4,000.00 and saved our patient several hours of valuable time.

On April 24, 2002 the Massachusetts Psychiatric Society presented Dr. Robert W. McCarley, Mental Health Service Line Manager for VABHS, with the Outstanding Psychiatrist Award for Research.